

# eSynapse: October 2009

## Editor's Comments

James Flax, MD, MPH, DFAPA

This is our third issue of eSynapse. If you speak to your colleagues who are not members of the APA, remind them to become members. If members, tell them you've received your eSynapse and ask if they received theirs. If not, tell them to email me at [DrFlax@aol.com](mailto:DrFlax@aol.com) with their email address so I can add them to the list.

My goal in publishing is to increase communication between and among all of our members. I can only do this with your participation. I want a psychiatrist from every organization, clinic and institution in the counties of Rockland, Orange, Sullivan and Delaware to send me an article, of any length, describing any events, news, changes, presentations or opinion. That means that YOU can contribute by designating someone at your place of employment, or volunteering yourself, to send me something about where you work, how you practice, opinions about anything of relevance to psychiatrists, etc. Without your participation this is going to be a very short newsletter.

This issue we have new "correspondents" adding their voice to some of the regulars. Dr. Bhana graciously accepted the challenge of reporting on our fall dinner meeting. Dr. Ferro adds his presidential comments below. Drs. Kroplick and Bark continue their excellent reporting. I've included several email notices and exchanges that are worth reading, particularly regarding the reorganization of the Assembly described by Dr. Bark. These include a reply from our national President, Dr. Schatzberg.

**PLEASE JOIN US** for the Executive Council lunch meetings. Our next meeting is Friday, February 5, 2010 at noon @ il Fresco Restaurant in Orangeburg. Contact Dr. Ferro if you are planning to come ([drferro@optonline.net](mailto:drferro@optonline.net)).

While some have indicated it is too costly to join the APA, I want to remind them of the many benefits of membership (<http://www.psych.org/Resources/Membership.aspx>). Membership in your district branch is one of the least costly in the nation and we hope to keep it that way. The benefits are numerous. As an example: the APA Malpractice Insurance offers many benefits not available through institutionally provided coverage to institutionally employed psychiatrists. When I was employed by Columbia University at Helen Hayes Hospital, a state facility, I would never have relied exclusively on the coverage provided by my employer.

## President's Column:

Dominick Ferro, MD.

Our Fall meeting was a wonderful evening. Good food, healthy collegiality and an excellent talk. One of our members, Mohamed Bhana, has summarized the talk for us in this issue of eSynapse for those that were unable to be there. The reports from the committee chairs of our Executive Council highlighted the reasons that I am proud to be a member of the West Hudson Psychiatric Society.

Jane Kelman did not need to say much about her efforts as our education chair; the meeting that she organized spoke for itself. Lois Kroplick reported on the activities of the Mental Health Coalition through which we do most of our advocacy work. She is again the co-President of the Coalition. She reported on the Public Forum last month, which was again a huge success, reaching hundreds of members of our community, including students from local colleges, with the message that mental illnesses are true medical conditions that warrant treatment and that treatment is effective. Without missing a beat, the Coalition is turning its attention to spring projects reaching out to more young people and to other segments of our society to decrease stigma.

Jane and Lois reported together on the status of our Women's Committee, which continues to hold monthly meetings offering support, both professional and emotional, to our female members. The door is open to any who wish to join for a meeting.

Jim Flax reported on the status of the new electronic version of Synapse, which you are reading now. The eSynapse offers the potential for much easier feedback between members. If you have an opinion or an idea or a reaction while reading Synapse, you can simply click 'Reply' and share it. It is also easy to keep members abreast of what is going on in your practice or your institution. Freed from the constraints of the printed page, we can publish whatever content you have to share. The vision is that the electronic version of Synapse will enable our members to be more aware of what is happening in our local psychiatric community.

Mary Mavromatis spoke about our participation in National Depression Screening Day. Taking advantage of Rockland County's gigantic mall, our district branch was the first to administer depression screenings in a mall. Mary is now exploring the possibility of taking our act outdoors to one of Nyack's street fairs.

Nigel Bark, our Assembly Representative, updated us on the goings on at the APA. He has provided a summary in another article in this issue.

I am still serving as our Membership Committee Chair and as our Secretary. I spoke about how we need to maintain our membership during this period of economic difficulty. Most of us have been relatively insulated from the financial crisis facing our nation in terms of our work and income, but we are not immune from the stresses in other areas of our lives. During such times, it more important than ever that we retain our members and that we continue to bring our energy to our profession. We must remain a strong and vibrant organization to advocate for our patients

and for our profession as health care budgets come under scrutiny in both the private and the public sectors.

The drama will be beating is "Membership and Involvement." Our district branch has accomplished a lot through the years due to the generous sharing of the energies and talents of its members. If you are not a member, become a member. If you are a member, become more active. Contact me, come to an Executive Council meeting. Bring your energies and your talents to our organization. I am happy to say that at our next meeting, I will no longer be our secretary. Two members have headed the call: Diane DiGiacomo and Susan Hoerter have stepped forward and they will share the role. Come join them.

**West Hudson Psychiatric Society**  
**Executive Council Minutes**  
**Date: October 30, 2009**

Present: Lois Kroplick, Dom Ferro, Jim Flax, Syed Abdullah, Jane Kelman, Mary Mavromatis, Nigel Bark, Diane DiGiacomo, Marc Tarle, Nauman Monsoor

Absent: Richard Brand, Mona Begum, Madhu Ahluwalia.

- A review of the budget was the major consideration of this meeting. Treasurer– Lois Kroplick, DO, Transitioning to Lina Haber, M.D.
- The board welcomed Dr. Haber and thanked her for agreeing to serve as our new treasurer.
- Current Treasury: \$10,273, but we will be paying out about \$2,000, and we need to reincorporate for \$2,500.
- Dr. Haber will seek a lower estimate from attorney and accountant. Dr. Haber volunteered to convert company to Quickbooks for ease of future budgeting. Board agreed to pay her secretary \$15/hr to enter initial info.
- Discussed budget: Given the financial strengths, the high activity of our DB and how low our dues are relative to other NY DB's and for that matter nationally, it was proposed that we increase dues.
- There will be further discussion as the dues rate is set for 2010, so this would not go into effect until 2011.
- Dr. Mansoor: Agreed to speak with colleagues at Rockland Psychiatric Center about membership and involvement.
- Professional Education –Jane Kelman, MD
- Ethics – Marc Tarle, MD

Fall Meeting tonight. Expect 36 attendees.  
Marc agreed to apply for a grant from Forrest that will purportedly be without strings. He will explore.

- Depression Screening—Mary Mavromatis, Mona Begum, MD
- Considering Nyack street fair next year in October. Perhaps in partnership with MHA.

**West Hudson Psychiatric Society**  
**Executive Council Minutes**  
**Date: December 4, 2009**

Present: Lois Kroplick, Dom Ferro, Jim Flax, Syed Abdullah, Jane Kelman, Mary Mavromatis, Madhu Ahluwalia, Nigel Bark, Diane DiGiacomo, Marc Tarle, Susan Hoerter. Absent: Richard Brand, Mona Begum,

- Public Affairs– Lois Kroplick, DO - MHC-Lois spoke at Dominican College and they will be starting a mentorship program for college students interested in mental health careers. The next elementary school program will take place at New City Elementary. There has been some concern about finding psychiatrists to lead/co-lead the MHC.
- Membership/Mentoring— Dominic Ferro, MD - Many psychiatrists in the public sector are not members of the APA perhaps due to their belief they do not need malpractice if working only in that setting. An educational meeting or an article informing them of the limits of the state’s malpractice coverage may be beneficial.
- Private Practice– Jim Flax, MD -Jim has been receiving an average of four calls per week for the WHPS private practice listing
- Treasurer– Lina Haber, MD - Current treasurer may not be able to continue in that role due to other commitments. EFT payments of monthly bills were discussed to simplify the job of the treasurer. Current checking account balance 8265.71. Increasing membership dues was discussed. Further discussion is needed beyond the increase already approved by the board. Jim Flax expressed concerns that this would discourage growth in membership. Any increase in dues would not occur until 2011 due to APA regulations. The cost of retaining Seth Stein for incorporating WHPS is \$2500. The cost of the fall meeting was approximately \$2250. Jane Kelman brought up a possible unrestricted educational grant from Forest Pharmaceuticals. The options of a no-fee speaker, charging for the spring/fall meetings were discussed as ways to reduce costs.
- Assembly – Nigel Bark, MD - Attended the assembly two weeks ago where they had to reduce their budget by \$200,000. It was decided there would be a reduction in their representatives (one representative for the first 450 members, another for each additional 400 members). The deputy representatives will not be funded. The district branches will remain but NY will decide how to select representatives. The report on the relationship between psychiatry and the pharmaceutical industry was put off. The term “patient” was unanimously recommended over “client” for use in future APA writings.
- Date of next meeting: February 5, 2010 noon at Il Fresco

## **MENTAL HEALTH COALITION'S PUBLIC FORUM "A GREAT SUCCESS"**

Lois Kroplick, DO, DFAPA

Co-President of the Mental Health Coalition of Rockland County

On October 21, 2009, at Rockland Community College Cultural Arts Theatre 500 people packed the auditorium to hear a dynamic panel of speakers talk about Obsessive Compulsive Disorder. This public forum was sponsored by the Mental Health Coalition of Rockland County, Nami-Familya of Rockland County, and the Nathan S. Kline Institute for Psychiatric Research. Each year this event is held in the month of October, in an effort to accomplish the mission of the Coalition, which is to destigmatize mental illness and promote mental health.

Evan Wechman, one of the speakers at the forum, spoke about how he suffered with OCD for many years until it was diagnosed. At one point, the symptoms were so severe that he was afraid to leave his house. His symptoms have been successfully controlled with the medications: Prozac, Abilify and Xanax. Evan emphasized the importance of his family's support in his recovery. He now holds a full time job and is recently married. The audience was touched by his openness and his message of hope when he said, "Never give up, you have to keep trying. You never know when the right doctor and the right medication will come along".

Tina Carey, the mother of a daughter with OCD, spoke about the secret nature of the illness. She and her husband "missed the diagnosis for many years" until at the age of 15 years old her daughter, Caitlin, said she couldn't take it anymore. Caitlin had been suffering with symptoms since the age of 6 but didn't tell anyone. She is presently a freshman at Harvard University and is the founder of an online support group for teenagers with OCD, [www.stepoutofthesilence.org](http://www.stepoutofthesilence.org). After trying many different medications, Caitlin's OCD symptoms stabilized when she was treated with Prozac.

Dr. Brady Case, a child and adolescent psychiatrist specializing in the treatment of OCD and a researcher at NKI spoke about the signs and symptoms of OCD and the different medications used to treat the disorder.

Dr. Fugen Neziroglu, a behavioral and clinical psychologist, elaborated on Cognitive Behavioral Therapy, an important treatment for OCD. This type of therapy includes gradual exposure to one's fears and can even include home visits by the therapist.

This event could not have been possible without the hard work of the dedicated volunteers from the Coalition, NAMI and NKI. A special thank you to the Co-Chairs of this year's forum, Sherri Glickman, program director at Rockland County Department of Mental Health and Rena Finkelstein, president of Nami-Familya of Rockland County. In addition, a special recognition and thank you to all the members of the Forum Committee who worked thru out the summer to make this event a great success!

As I looked around the auditorium during the forum, I couldn't help but feel a sense of pride and

disbelief when I saw 500 people attending the event and the only empty seats were a few in the first row!! It is hard to believe that 13 years ago I first presented the idea of the Coalition to the West Hudson Psychiatric Board and it has been such a great success! This public forum “Breaking the Silence-OCD-The Challenges, Treatments and Triumphs” continues to prove that together we can achieve what we could never do alone.”

**Fall Educational Meeting, WPHS, 10/30/09**  
**Lyme /Tick Borne Disease and Psychiatry**  
**presentation by Robert C. Bransfield, MD, DLFAPA**

Reported By Mohamed Bhana, MD

The meeting was well attended and the guest speaker, Robert C. Bransfield, MD, on Lyme Disease and Psychiatry was an eye-opener and the best lecture on a medical disease causing multiple cognitive and psychiatric manifestations.

Following dinner, Dr. Bransfield, a well known expert on Lyme Disease, gave an excellent presentation on the role of infectious diseases and the immune responses to them causing psychiatric/neurological symptoms and illness. His basic hypothesis is:

1. Infectious diseases and immune reactions to them contribute to causing psychiatric symptoms and illness.
2. Acute stress and inflammatory reactions are adaptive to short-term environmental stress, but chronic stress and inflammatory reactions are pathogenic.
3. Hepatitis C treatment is a model for immune mediated psychiatric symptoms and illness. Lyme & Tick borne disease are a model for a chronic relapsing infection causing mental illness.
4. Identifying and treating infections and other causes of immune dysfunction improve the treatment effectiveness of mental illness.

Dr. Bransfield asks the question – can microbes and immune reactions contribute to Mental Illness? Personality Change? Violent & criminal behavior? Cognitive decline? Degenerative neurological disease? Changes in sexual function? Obesity? Developmental disabilities? Improved human functioning?

His other areas of interest are preventable cases of autism and the role of infectious disease in neurological outcome. Do psychotropics have anti-microbial effects or immune effects? Systems theory, psychopharmacology, violence and infectious disease.

Dr. Bransfield has about 100 slides on these and other topics related to different infections including maternal exposure to herpes simplex and the risk of psychoses in the offspring, chronic fatigue & rotaviruses, the effect of different forms of Chlamydia, genetic vulnerability to infectious illness, vulnerability and protective factors involved in an environment such as sickle cell disease, relation of tick borne infections to schizophrenia, OCD & infectious disease such as Strep, lyme, HK Flu, Coxsackie's, Mycoplasma, Toxoplasmosis, etc. He talks of Interferon treatment of Hepatitis causing panic symptoms, hostility impulsivity and psychosis.

Tick borne diseases cause different symptoms in different individuals. He posits this is due to the role of genes and genotypes. Patients with late-stage lyme/tick-borne disease present with a

variety of neurological and psychiatric problems – ranging from mild to severe. These effects include

- Memory impairment or loss (brain fog)
- Dyslexia & word finding problems,
- Visual/spatial processing impairment (trouble finding things, getting lost)
- Slowed processing of information
- Psychosis
- Seizures
- Violent behavior
- Irritability
- Rage attacks
- Impulse dyscontrol
- Anxiety
- Depression
- Panic attacks
- Rapid mood swings, possibly bipolar disorder
- OCD
- Sleep Disorders
- ADD/ADHD like syndrome
- Autism like syndrome

Disorders of the nervous system have been found in 15-40% of the late stage (tertiary) Lyme patients (neuro-borreliosis). These can mimic virtually any type of encephalopathy or psychiatric disorder and is often compared to neuro-syphilis. Both are caused by spirochetes, are multi-systemic, neurological symptoms can be dormant, only surfacing years later.

Dr. Bransfield has developed a structured clinical interview to assess patients for Lyme Disease that can be found at <http://www.mentalhealthandillness.com/>.

Most individuals respond to antibiotic treatment. However, Lyme testing done at the top 3 general medical laboratories in the nation fail to detect 35% of Lyme antibodies. The Intervention Lyme and Associated Disease Society (ILADS) recommends use of labs that specialize in Lyme disease such as IGENEX in California or MD Labs in Mt. Laurel, NJ.

Finally, Dr. Bransfield talked of antipsychotics as antimicrobials. Also, antibiotics can cause psychotic symptoms as when they precipitate the Herxheimer Reaction with worsening of psychiatric symptoms.

At the end members asked questions related to their practice. This was one of the most enlightening and rather disturbing lectures. Any chronic atypical illness with multiple organ pathology can be due to Lyme or related tick-borne disease. We need to keep our mind open to organic pathologies causing psychiatric illness.

**West Hudson Psychiatric Society Assembly Representative's Report  
of the New York State Psychiatric Association  
Fall Meeting  
at La Guardia Marriott Hotel October 25, 2009  
And an addendum on what the Assembly does**

Nigel Bark, MD

First, the Public Psychiatry Committee meeting: Ed Amyot, the Chair of the Public Psychiatry Committee, identified the following topics as important to members and he has undertaken to bring these to the attention of NYSPA and seek support and lobbying by NYSPA. It was very helpful to have Lloyd Sederer, Chief Psychiatrist in OMH present.

The significantly lower pay scale of OMH psychiatrists compared with similar psychiatric hospitals is a barrier to recruitment and source of frustration. Lloyd Sederer acknowledged this, and had looked into it on first going to Albany but it was accepted that nothing can be done now in the present economic climate.

The medical care of the severely mentally ill is an embarrassment throughout the country (see the number untreated going into the CATIE study). Sadly it is a major problem in OMH outpatient facilities also. Patients are referred to hospital clinics but don't go or if they do go no report gets back to the psychiatrist and calling for one is a nightmare. A solution seemed to be to have Hospitals or Managed Care Systems provide services in OMH clinics. As we know Medicaid is designed (by fee schedule) for clinics not private practitioners. It turns out (as explained by Lloyd Sederer) that the Managed Care fee is way below the 'fee for service' fee and companies cannot afford to provide services in the clinics. OMH is working with Medicaid to try and alter this but it is not hopeful at present. Individually we just have to try harder to get medical care for our patients for now but it is only going to get worse as more inadequate and handicapped people are discharged from the State Psychiatric Centers.

Another disaster area in public psychiatry is in the hospital care of children. They come into an emergency room, requiring hospitalization and there are no children's psychiatric beds. They have to go to a pediatric ward or an adult psychiatric ward and then there are no child psychiatrists in many parts of the State. One third of counties in New York have no child psychiatrist. NYSPA and the public (e.g. NAMI) and others need to lobby the State government to provide appropriate services.

A third major problem is in the care of the mentally ill intellectually disabled (formerly mentally retarded). The services for the intellectually disabled do not cover these people well and they are ending up in services for the mentally ill. Westchester medical Center with 100 psychiatric beds is 20% occupied by the intellectually disabled. Some combined service is required where they will be welcomed rather than resented.

NYSPA like the APA has this dual role working for its members and its members' patients. It is curious that the psychiatrists in private practice think the APA favors those in public or academic service (because they are given time off to attend APA business). Public psychiatrists see the APA as favoring private psychiatrists because of the malpractice insurance. (However I recommend everyone in public psychiatry have the APA's part-time private insurance as well as their State coverage because the State does not cover the defense in criminal

proceedings and it is not hard to be accused of a criminal offense. If something bad happens and the DA decides that your patient with schizophrenia lacked capacity to consent to the medication you have given him you may be charged with assault!)

At NYSPA's fall meeting there was a report from the OMH by Lloyd Sederer, discussion of the APA's finances and what should be done about them and mention of the APA Workgroup chaired by Paul Applebaum report on relations with Pharmaceutical Companies which has now been slightly revised. As I mentioned in my last report this was held for further discussion at the last Assembly because it would have looked bad to vote to reject it (we would be accused of accepting the influence of Pharma) and it would upset more than half the members, especially rural members if it had been approved. It is slightly more nuanced now though still puritanical in my view. And I worry about how the Drug Companies will hear from us about the needs of our patients for we have a confluence of interest with the drug companies to work together to find better medications – as well as possible conflicts of interest.

But we have to accept that times and mores have changed and the document does make one think more about the implications of gifts, logos, samples and supported CME. At the very least it looked bad to be accepting meals and gifts from the drug companies. So I anticipate it will be approved at the next Assembly. But please look at it if you get the chance and if you feel strongly let me know.

There was discussion of the APA's finances and of the Action Papers being presented at the November 20-22 Assembly Meeting. The Assembly with two meetings a year and many committees was costing about \$1million per year. The Board has decreed and the Assembly agreed to reduce this by 20% on top of reductions already made (by shortening the meetings by one night, not paying for deputy reps, having the committees meet outside the Assembly meetings electronically. Expenses were never paid for the Assembly Meeting at the Annual Meeting.) Just how the 20% reduction will be made is the subject of about ten Action Papers to be discussed at the Fall meeting. They involve various ways of reducing the size of the Assembly: reducing the number of Representatives or the number of District Branches or eliminating the Areas. As Debbie Cross writes in the NYSPA Bulletin she and the New York delegation will make sure we continue to have representation proportionate to the number of psychiatrists in New York. And we aim to keep our District Branches even if they have to share representatives to a smaller Assembly. (One suggestion: one representative per State and an additional one for each 400 members beyond the first 450 in that State. West Hudson would share a representative with one or more other small district branches. )

Most of us feel that an additional 20% reduction would emasculate the Assembly and the Assembly is the active voice of the members. It keeps the Board in check (and saved the APA from bankruptcy a few years ago when it was overspending; ensuring that it was fiscally conservative and build up its reserves so that in the present crisis it has something to fall back on.)

The Assembly ensures the APA is working for its members and their patients. The Assembly meets on November 21-23. I'll let you know what happens.

### **Below is further information on what the Assembly does.**

Ten Assembly actions that help psychiatrists and those with mental illness:

1. The Practice Guidelines, the brainchild of Jack McIntyre, were first put

forward through the Assembly. These have been invaluable not just for psychiatrists but for the entire field of psychiatry.

2. The Assembly also led the way in the development of the Practice Research Network (again a project originating with Jack McIntyre), which has led to numerous publications using the average psychiatrist's involvement in data gathering treating ordinary patients (as opposed to 'research' patients).

3. The Assembly tirelessly looks at the reimbursement issues related to psychiatry. There have been lots of Action Papers that have made their way through the Assembly to various Committees in the APA to shore up the CPT codes, add new ones, add value to them, have them renegotiated, etc.

4. The Assembly, by way of Action Papers, brings to the attention of the APA and then by lobbying or education to the attention of legislatures and the public problems of patients and services for example (a small sample from the last two years):

a) that acute behavioral problems should be assessed in an emergency department with psychiatrists and medical assessment available – not at a facility without either (as is happening in some places);

b) that Veterans psychiatric hospitals should be able to admit involuntary patients;

c) support for a bill in Congress and education about peripartum mental illness (suicide is becoming the major cause of 'maternal death');

d) that adult dependent children should be able to continue on their parent's health insurance

e) to work towards the removal of the term 'Mental Defective' from all Federal and State laws and regulations

5. The oversight that the Assembly has played in the last 10 years regarding the finances of the APA has been critical. The former Medical Director along with an extremely complacent Board spent down the reserves with many unwise expenditures which cost the APA millions of dollars, so that the general reserves of the APA were less than \$100,000! As a result of repeated harsh questioning by the Assembly the former Medical Director's contract was not renewed. The new Medical Director along with the Board had to be much more transparent to the Assembly about the APA's finances and they have built up the reserves dramatically, which are a lifesaver for the APA in these hard times. There is now an in-depth Financial report at every Assembly only because the Assembly was very aggressive about doing due diligence that the Board had abdicated.

6. The Assembly has also continuously demanded upgrades and improvements to the APA computer systems and the web sites. In fact the Assembly was the one that pushed for years to have dues able to be paid by credit card and over 12 months!

7. The Assembly has over the last 10 years been extremely involved in the issues regarding the APA "endorsed" malpractice insurance. The previous insurance company basically went bankrupt. Again, it was the Assembly, doing due diligence, (which the Board was not doing), insisting on total openness and on reports being presented to the Assembly from the management oversight committee, that resulted in a new oversight group being developed. And the Assembly insisted on member notification, which had not been happening.

8. The development of the DSM-V and the push for openness in conflicts of interest was started and pushed in the Assembly. This openness about

conflict of interest is extending to the APA officers: candidates for election must declare any conflicts of interest and those already elected are being held accountable.

9. The Assembly took the lead in developing and passing the resolution against torture after a debate at the Annual Meeting in Toronto in 2006, which resulted in the APA policy against psychiatrists participating in torture of prisoners.

10. The Assembly passed resolutions against the death penalty and against life imprisonment of children which have become APA policy.

### **Purpose of the Assembly (from the APA by-laws):**

The Assembly of the American Psychiatric Association is a deliberative body which recommends action to the Board of Trustees. The Assembly is composed of representatives elected from the district branches; representatives of other groups of members; and the Assembly officers.

The Assembly establishes and supports forums for discussion of the issues facing our profession. These forums include the District Branch, State Associations, Area Councils, Reference Committees, and the Assembly meeting as a whole.

The Assembly comes up with ideas, puts them in the form of Action Papers, sometimes does the development themselves or hands the development on to committees.

The Assembly receives reports from the President of the APA, the Treasurer, the Medical Director/CEO, the chair of the APA delegation to the AMA and others.

District Branches of the APA are established, continued, or dissolved by The Assembly. (see By-laws - District Branches shall be established, continued, or dissolved according to the procedural code of the Assembly.)

The Assembly shares responsibility with the Board for developing and reviewing official Position Statements of the Association.

The Assembly establishes awards for outstanding contributions and selects recipients.

The Assembly has a formal process for leadership development and provides opportunities for representatives to the Assembly to exercise those skills.

The Assembly, representing the members, can ratify proposed amendments to the by-laws of the Association. (by-laws 11.2)

The Assembly reviews and endorses Practice Guidelines developed by the Association.

## **The West Hudson Psychiatric Society Representative's report of the APA Assembly Fall Meeting**

Nigel Bark

As anticipated in my report from the NYSPA meeting in October the most important and most time-consuming topic of this Meeting was the cost-saving, down-sizing measure. There were ten action papers on this topic and rather than presenting them and discussing them before the usual small concurrent Reference Committees these were argued in the full assembly before a special reference committee composed of all the Area Representatives. These action papers included Area 2 (New York State)'s bold plan to restructure the APA combining the Board and the Assembly, and one produced by a committee of the Assembly (that included Glenn Martin Area 2's Deputy Rep who always speaks well and strongly for New York). This proposal among other things would reduce the Representatives from 110 to 101 by changing Assembly District Branch representation to representation by State associations – impacting New York, California and Missouri which have many District Branches– and eliminating Deputy Representatives, but keeping the representation somewhat proportional to the number of psychiatrists by having an additional representative for every 400, or fraction thereof, over 450.

It was agreed that a major restructuring would require longer deliberation (and maybe a referendum) and would be opposed by the Board of Trustees so this was withdrawn from consideration. After deliberating overnight the Reference Committee came up with its own compromise of the above proposal which included keeping the Deputy Representatives from the States but not seating them at the Fall meeting (and the APA does not pay expenses for the May Assembly meeting any way). The reasoning was that the Rep from a State needed someone to discuss issues with and it is essential for training future Reps. New York argued that this gave small States too great a representation in voice votes (which are by far the majority). In the voting on this New York asked for a “vote by strength” in which the number of members that each Rep represents is counted. (This is usually reserved for situations where both the voice vote and the count of standing Reps is very close.) The compromise was passed by 19,145 to 9,996. There was some persistent acrimony about the way it was done but most accepted it as an essential cost saving measure approved by two thirds of the Assembly.

On to other issues: Paul Applebaum's Committee had revised in August its “Draft Report of the APA Workgroup on Relationships between Psychiatrists and the Pharmaceutical and Medical Device Industries” but it remained too contentious to even be debated and this was postponed till May. It was discussed at Area 2's council meeting and a straw pole taken on each of its 14 recommendations. Five were unanimously approved, six a minority voted against and in three opinion was evenly divided. I do encourage all members to read the Report and tell me (and anyone else in APA) what you think. (It is on the website but very hard to find and the latest (August) draft did not come up with a search using any or all the words in the title. But on Psych.org click on Association Governance, then Assembly, then 2009 November for the ‘November on line packet’ and it is Section 13.)

There were many other things discussed and actions taken. I will mention three only. A resolution was passed unanimously that in all official publications and statements the APA should use the term “patient” not “consumer” or “client”. We heard that in New York State after much advocacy and complaints by NYSPA the NYS Insurance Department has issued a Circular Letter stating that private insurers must honor the use of Evaluation and Management codes (e.g.

99214) as Medicare does. And we heard of the success of Jeffrey Borenstein's (Queen's County Dep Rep) Healthy Minds television programs, which with the help of the APA's American Psychiatric Foundation have gone nationwide on Public Television to great acclaim. (On WLIW at 9.30am Sunday and repeated at 11.30pm Tuesday)

## ASSEMBLY BUDGET CUTS

The following email exchange followed a letter that I, and many other members of the APA, sent to the APA Board in mid November that was initiated by NYSPA.

**James Flax, MD, MPH, DFAPA**  
**From:** drflax@aol.com  
**Subject:** Assembly  
**Date:** November 13, 2009 9:23:58 PM EST

**Dear APA Board Member:**

**I am a member of the APA and am strongly opposed to the proposed drastic cut of \$400,000 in the Assembly budget. The Assembly is vital to my interests as a psychiatrist and represents the voice of the grassroots APA membership to the Board and the officers of the APA. The Assembly is the only component of APA governance providing representation for every district branch in the APA. A cut of this magnitude will render the Assembly unable to function and fulfill its important role in representing district branches and their members.**

[On Nov 19, 2009, at 8:14 AM, Thomas Graham wrote:](#)

The following message is being sent to you because the Board of Trustees recently received an e-mail from you. Please find a response from Drs. Alan Schatzberg and Carol Bernstein below.

Tom Graham  
Senior Governance Specialist-Board of Trustees  
American Psychiatric Association  
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Suite 1825  
Arlington, Virginia 22209  
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tgraham@psych.org

Thanks for your recent e-mail regarding a possible additional cut to the Assembly budget for 2010. While we appreciate your concerns, we want to make sure you are properly apprised of the situation and understand the complexity of the issues involved. We have seen the e-mail that was sent to many of you. Unfortunately, it did not paint the whole picture. □□ Here are a few points we would ask you to consider. Last year the Board of Trustees (BoT) voted to drastically reduce the 2009 budgets of the Board, the Joint Reference Committee and the Components. Indeed, the Components, which have done excellent work on behalf of the organization, were reduced from some 1200 members to approximately 400 members. The Assembly cuts for 2009 were modest and 200K was cut from the 2010 budget--in essence a delay of one year. In addition the BoT voted to approve an additional 200K cut for 2011 if there was not a further reorganization in the meantime. Unfortunately, in the interim, our advertising revenues have

plummeted for 2009 and we are facing an unexpected 900K deficit for this year and about a 1.4M deficit for 2010. Thus, it is imperative we reduce our budget for 2010. The loss of revenues has meant the APA has already laid off employees (approximately 20 positions have been cut and 12 people have lost their jobs) and may have to do so again in 2010. The only issue is how many people will be laid off. The lowered morale and economic impact on APA staff and the function of the APA have been profound. The Finance and Budget Committee recently met and recommended cuts of approximately 1.5M including having the Assembly take that 200K cut for 2011 a year earlier. The BoT will review their recommendations at its upcoming meeting. Now having said that, let us point out a few facts. Many professional organizations do not pay the expenses of their assemblies and many even do not have them. We do both. The AACAP folks pay their own way to meetings. The national AMA does not pay for its delegates' attendance to meetings. Should we? Should your dues pay for it? Moreover, is there a real rationale for the current size of the Assembly? Do we need some 240 members? Could 100 members suffice? Could we reduce the number of in-person meetings which are held? Can we do our work even more effectively and efficiently via conference calls and e-mails? Having given you some details about our current situation, we hope you will agree there is a compelling need to address the situation now to ensure that the APA remains financially stable and a strong, effective organization. As your leaders, we are strongly committed to identifying solutions that will continue to maintain the integrity of the APA and the important functions it serves for our patients, the public and our members. Thank you for understanding some of the delicate and difficult issues we face. ALAN F. SCHATZBERG, MD, APA President; CAROL BERNSTEIN, MD, APA President-Elect

On Nov 22, 2009, at 3:14 PM, James Flax <[drflax@aol.com](mailto:drflax@aol.com)> wrote:

Drs. Schatzberg & Bernstein and members of the APA Board of Trustees,

Thank you for your reasoned reply to the email that I, and many others, sent regarding the Assembly Budget. Frankly, it makes sense, without my knowing any other details. Your questions about changing the operations and costs of the assembly do deserve very careful consideration by all members. I'm writing now to let you know the impact of budget cuts on our small district branch and to ask a question.

The West Hudson Psychiatric Society has relied upon small grants to maintain our projects and programs over the past 4 years. As you may know, our district branch is extremely active. Dr. Stotland knows this, as she spoke at one of our meetings the first day of her presidency where she heard of all that we do. The elimination of the district branch grant program this year means to us that we cannot continue the project we applied for, adversely impacting public access to accurate information about psychiatry and psychiatrists in our community. Due to the costs of an unforeseen legal expense and our ongoing programs we also are likely to substantially raise our dues for the first time in about 15 years. Like you, we are carefully reviewing any other programmatic cuts to keep our budget balanced. Unlike you, we have never had staff that we could eliminate. We've even discussed brown bagging it for our executive council meetings.

My question: How, and how much, is the APA board also reducing its' budget? Are you, the board and members of the board, directly impacted by these cuts - like the Assembly, the district branches and your staff?

Jim Flax, MD, MPH, DFAPA  
Former President, Private Practice Chair, editor of eSynapse  
West Hudson Psychiatric Society  
11 Medical Park Drive, Suite 102  
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**From:** afschatz@stanford.edu

**Subject: Re: Response to Your E-mail Regarding APA Assembly Budget**

**Date:** November 22, 2009 3:25:49 PM EST

The board a year ago froze stipends of officers, dropped a board meeting, reduced the Joint Reference Comm by 70% and the components by 75%. AFS

## Federal Parity Law Implementation

**Date:** October 22, 2009

**From:** Eugene Cassel, J.D., Director of Advocacy

**To:** District Branch/State Association Executive Directors

**Re:** Federal Parity Law Implementation

The purpose of this memo is to update you on the status of the implementation of the federal parity law and to ask for your feedback on issues related to the law that you have identified.

The Wellstone-Domenici Parity Act (the Act), which became law on October 3, 2008, goes into effect on January 1, 2010. Generally, the law requires that any group health plan that covers more than fifty employees and offers mental health and/or substance use disorders coverage must provide that coverage with no greater financial requirements (i.e., co-pays, deductibles, annual or life-time dollar limits) or treatment limitations (i.e., number of visits) than the *predominant* requirements that it applies to *substantially all* medical/surgical benefits. There is some ambiguity about what the terms *predominant* and *substantially all* will mean in implementation. Also, it is unclear if certain insurance company practices, such as prior authorization and other utilization management tools, are considered treatment limitations and therefore subject to the requirements of the law. Further, we do not know if plans will be allowed to maintain “separate but equal” deductibles for mental health and substance abuse coverage. Many states already have mental health insurance or parity laws in place and there is also some ambiguity about which law takes precedence (state or federal), although the law that is most protective of consumers’ access to care is meant to preside.

*Federal guidance and regulations that clarify what the law intends are usually issued before a law like this goes into effect and, in this case, the statute required that regulations be issued by October 3, 2009. Unfortunately, the Departments did not meet that deadline and they have informed Congress that they expect to issue the regulations by January of 2010. However, the law still goes into effect on January 1, 2010 and insurers must comply with the law on that date. We have heard that insurers have already been making changes for 2010 plans based on what they believe the law requires and permits.*

The APA has been talking to health plans and large insurers since the bill became law in an attempt to determine any changes in coverage that may result and what the bill will mean for the practice of psychiatry. The problem, as stated above, is that no one is currently entirely sure of what the law requires even though plans must already have their coverage standards in place for 2010, and compliance is expected on January 1.

Numerous insurers and employers have begun announcing new coverage requirements for 2010, which we view as inconsistent with the law. For example, recently Blue Cross/Blue Shield (BC/BS) has presented its psychiatrist providers in Florida and Illinois with new, and onerous, prior authorization requirements for psychiatric care for 2010, which were prompted by the implementation of the Act. The Florida and Illinois District Branches, with the assistance of the APA’s Office of Healthcare Systems and Financing (OHSF), have begun negotiations with BC/BS to try to mitigate these requirements since the APA believes they are in conflict with the

intention of the law.

It is vital that we know what's happening on the ground if we are to be able to provide any assistance and we ask that you contact the APA if you have been notified of any other changes in coverage policy for 2010. If you have heard from any insurers about changes in their policies for 2010 that seem to have resulted from the Parity Act, please contact the APA's Managed Care HelpLine at 800-343-4671 or [hsf@psych.org](mailto:hsf@psych.org). In addition, you may directly contact either Irvin "Sam" Muszynski, JD, OHSF Director ([IMuszynski@psych.org](mailto:IMuszynski@psych.org)) or Jennifer Tassler, JD, Deputy Director of Regulatory Affairs, Department of Government Relations ([JTassler@psych.org](mailto:JTassler@psych.org)).

## Psychiatrist and APA Member Hosts Award-Winning Mental Health Series *Healthy Minds*

Recognizing the critical need to support a high-quality educational series on mental health topics, the American Psychiatric Foundation, the philanthropic arm of the American Psychiatric Association, is partnering with WLIW21 to bring ***Healthy Minds*** to national public television audiences.

“Everyone is touched by psychiatric conditions, either themselves or a loved one. Our goal is to share cutting-edge information from experts along with personal experiences from people who have overcome psychiatric conditions,” explains Jeff Borenstein, M.D., APA member and ***Healthy Minds*** host. ***Healthy Minds*** covers a wide range of topics, including autism, depression, chemical dependency, post-traumatic stress disorder, eating disorders, and bipolar disorder, to bring viewers a better understanding of disorders that can affect anyone at any age. The series premieres nationwide October 2009 on public television (check local listings) and all 16 episodes are available for viewing [online](#).

Hillarie B. Turner □ Special Projects & Operations Manager □ American Psychiatric Association □ Office of Communications and Public Affairs □ p. 703-907-8536 □ e: [hturner@psych.org](mailto:hturner@psych.org) □ [www.HealthyMinds.org](http://www.HealthyMinds.org) □ [www.psych.org](http://www.psych.org)

**The APA Scientific Program Committee seeks volunteer moderators to chair and co-chair several Scientific & Clinical Report sessions, Monday through Wednesday (May 24-26).**

Are you planning to attend the 2010 APA Annual Meeting in New Orleans? As you may know, there are 90-minute sessions comprised of three 20-minute presentations, each followed by a 10-minute audience discussion/question and answer.

Moderating one or more of these sessions is an excellent way to become involved and play a leadership role at the meeting.

The Committee values your expertise in moderating the Scientific and Clinical Reports and helping to ensure that each is a valuable CME program experience for the audience.

We will assign sessions as requests are received, so please provide us with several you might like to chair/co-chair in case your preferred session(s) are already taken.

If you would like to volunteer, and have any question please contact me at 703.907.7807 or email at [ckennedy@psych.org](mailto:ckennedy@psych.org).

Regards,

Chermuir M. Kennedy

Day	Date	Session	Time
Monday	05/24/2009	SCR01	9:00 a.m. - 10:30 a.m.
Monday	05/24/2009	SCR02	9:00 a.m. - 10:30 a.m. Borderl
Monday	05/24/2009	SCR03	11:00 a.m. - 12:30 p.m.
Monday	05/24/2009	SCR04	11:00 a.m. - 12:30 p.m.
Monday	05/24/2009	SCR05	1:30 p.m. - 3:00 p.m.
Monday	05/24/2009	SCR06	1:30 p.m. - 3:00 p.m.
Monday	05/24/2009	SCR07	3:00 p.m. - 4:30 p.m.
Monday	05/24/2009	SCR08	3:00 p.m. - 4:30 p.m.
Tuesday	5/25/2009	SCR09	9:00 a.m. - 10:30 a.m.
Tuesday	5/25/2009	SCR10	11:00 a.m. - 12:30 p.m.
Tuesday	5/25/2009	SCR11	11:00 a.m. - 12:30 p.m.
Tuesday	5/25/2009	SCR12	1:30 p.m. - 3:00 p.m.
Tuesday	5/25/2009	SCR13	1:30 p.m. - 3:00 p.m.
Tuesday	5/25/2009	SCR14	1:30 p.m. - 3:00 p.m.
Tuesday	5/25/2009	SCR15	3:00 p.m. - 4:30 p.m. Inpa
Tuesday	5/25/2009	SCR16	3:00 p.m. - 4:30 p.m.
Wednesday	5/26/2009	SCR17	9:00 a.m. - 10:30 a.m.

Wednesday	5/26/2009	SCR18	9:00 a.m. - 10:30 a.m.
Wednesday	5/26/2009	SCR19	9:00 a.m. - 10:30 a.m.
Wednesday	5/26/2009	SCR20	9:00 a.m. - 10:30 a.m.
Wednesday	5/26/2009	SCR21	11:00 a.m. - 12:30 p.m.
Wednesday	5/26/2009	SCR22	11:00 a.m. - 12:30 p.m.
Wednesday	5/26/2009	SCR23	11:00 a.m. - 12:30 p.m.
Wednesday	5/26/2009	SCR24	11:00 a.m. - 12:30 p.m.

